SEEC FORM 20

Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised January 2015

Page 1 of 17

Do Not Mark in This Space For Official Use Only

COVER PAGE

1. NAME OF COMMITTEE					
Re-elect Mayor Ken	•				
2. TREASURER NAME					
First	1	MI	Last		Suffix
Jon		Р	FitzGerald		
3. TREASURER ADDRESS Street Address	AND BUT THE STATE	City		Low	Zip Code
99 Gregory Rd			stol	State CT	06010
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUGH	HT (Complete onl	y if Candidate Committee)	Autoria in a	6. DISTRICT NUMBER
(mm/dd/yyyy) 11/032015	Mayor				(if applicable)
7. CANDIDATE NAME (Complete only if				Little (Labo)	
First Kenneth		MI	Last Cockayne		Suffix
8. TYPE OF REPORT (Check One Box)					
O January 10 filing	7th day precedi	ng primary	7th day preceding referendum	Initial Cont	ribution or Disbursement
• April 10 filing	30 days followi	ng primary	45 days following referendum	Amendmen	t to
July 10 filing	7th day precedi	ng election	O Deficit	Type of Rep	ort:
October 10 filing	12th day preced		Termination		7 7
O24 Hour Independent Expenditure OPrimary OElection	O45 days followinot held in Nov			STO	
9. PERIOD COVERED	And the second of the second o	en e sui La la transfori			CHOCKS)
	Beginning Date	•	Ending Date		
	01/09/2015		thru 03/31/2015	·	
10. CERTIFICATION	March & Life Co.			Para ang at	
I hereby certify and state, under p Disclosure Statement for the pe			all of the information set forth on the and complete.	is Itemized Can	npaign Finance
OF Hald	<u>, </u>	Jon_	P FitzGerald		04/07/201-
TREASURER OR DEPUTY TREASURI	ER (SIGNATURE)	PRI	NT NAME OF SIGNER		DATE (mm/dd/yyyy)
		Carlotti Steal			
A person who is			villfully violated any provisions of the	e campaign fina	ince statutes

SEEC FORM 20

Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised January 2015

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
Re-elect Mayor Ken	April 10 filing COLUMN A	COLUMN B
	This Period	Aggregate
11. Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		0
12. Balance on hand at the beginning of Reporting Period	\supset	
13. Contributions Received from Individuals (Sections A and B)	3700	3700
14. Receipts from Other Committees (Sections C1 and C2)	0	0
15. Other Monetary Receipts (Sections D through K)	0	0
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	0	
16b. Per Public Act 11-48, effective January 1, 2012 Section L2. removed		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)	0	0
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	3700	3700
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	3700	3700
19. Expenses Paid by Committee (Section P)	572.28	572.28
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	3127.72	312772
21. In-Kind Donations not Considered Contributions Received (Section L4)	0	0
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	0	0
23. In-Kind Contributions Received (Section M)	0	0
24. Refundable Deposit to Telephone Company (Section N)	0	
25. Loan Balance	0	
25a. + Loans Received (Section D)	0	0
25b. + Interest and Penalties on Loan	0	0
25c Payments on Loan	٥	0
25d. Total Outstanding Loan Amount	0	
26. Campaign Expenses Paid by Candidate (Section Q)	0	
27. Expenses Incurred on Committee Credit Card (Section R)	0	0
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	0	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	0	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Re-elect Mayor Ken	April 10 filing
A. Total Contributions from Small Contributors-Received this Period ON (See instructions for definition of Small Contributor) SUBTOTAL SECTION	
B. Itemized Contributions from 1	Individuals
Last Name First	MI
Residential Street Address Geo,	
1924 Perkins St Brista	State Zip Code CT 06010
I PUICIDAL OCCUDATION	0
lasislator State	204 67
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of dependent child of a lobbyist? Yes ovalued at more than \$5,000? Yes	
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state contractor or prospective of the section L1? Yes Is contributor a principal of a state contractor or prospective of the section L1?	tive state contractor? Yes
If yes, list Event # of government the contract is with:	ecutive OLegislative
Method of Contribution: Ocash Personal Check Ocredit/Debit Card Opayroll Deduction Omoney Order Date Received Ocash Personal Check Ocredit/Debit Card Opayroll Deduction Omoney Order	Aggregate Contributions // (0,0)
Last Name First	//000 //000
Carnier Fran	Sing
Residential Street Address City	State Zip Code
Principal Occupation Name of Employer	tal CT 06010
	¿ Endervono Inc
Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$400 to a candidate for a chief e	executive officer of a municipality, Amount of Contribution
or dependent child of a lobbyist? does contributor or business he/she is associated with have a valued at more than \$5,000? Yes	contract with said municipality No
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a state contractor or prospect of the properties of government the contract is with: Expression of government the contract is with:	ecutive \(\text{Legislative} \) Legislative
Method of Contribution: Date Received	Aggregate Contributions
OCash Offersonal Check Ocredit/Debit Card OPayroll Deduction OMoney Order 3/6/15	1000 1000
Last Name First Jak	MI
Residential Street Address City	State Zip Code
19 Winston Count BRIST	CT 06010
Principal Occupation Name of Employer	
Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$400 to a candidate for a chief of	Endexions Inc
or dependent child of a lobbyist? does contributor or business he/she is associated with have a	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospec If yes, indicate which branch or branches of government the contract is with:	tive state contractor? OYes
Method of Contribution: Date Received	Aggregate Contributions
Cash Sersonal Check Ocredit/Debit Card Opayroll Deduction Omoney Order 3/6/15	1000 1000
SUBTOTAL Section B —	-This Page 3 000
TOTAL of additional Section	on B Pages 700
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sec (Enter total on Line 13, Column A of Summar	A CONTROL OF CONTROL O

SEEC FORM 20 Revised January 2015

Addrtional Section B I. MONETARY RECEIPTS (Sections A-K)

P33a 717

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	in the state of th	YPE OF REPORT	
Re-cleat Major Ken		04/101	ie -
A. Total Contributions from Small Contributors-Received	I this Period ONLY BTOTAL SECTION A	\$	• • • • • • • • • • • • • • • • • • • •
	DIOTAL SECTION A		
B. Itemized Cont.	ributions from Individu	odc	
Last Name	First	1412	MI
D'Amete	Anthony		I WII
Residential Street Address City			State Zip Code
220 Morningside Dr E	Bristol		CT 06010
	Name of Employer		
Vice President	Power	Freb =	Inc
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a does contributor or business he/she is a valued at more than \$5,000?	a candidate for a chief executive of associated with have a contract with Yes	ficer of a municipality h said municipality	Amount of Contribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state If yes, indicate which branch	e contractor or prospective state co or branches	□ No	
If yes, list Event # of government the contract is Method of Contribution:			
□ Cash		gregate Contributions	
Last Name	der 3/30/15	100	160
Fitz Genald	Al		MI
Residential Street Address	Von		State Zip Code
Principal Occupation Regulary Red	3 Misto)		CT 06010
Principal Occupation	Name of Employer		C, 07 3) 6
1 Horney	Low office	& of Ten K	Et Gall
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a does contributor or business he/she is as	candidate for a chief executive off sociated with have a contract with	icer of a municipality	Amount of Contribution
valued at more than \$5,000? Is this contribution associated with an Yes Is contributor a principal of a state	Yes 54No		-
event reported in Section L1? Hospital Franch #	or branches	☐ No	
Method of Contribution: of government the contract is			
☐ Cash ☐ Payroll Deduction ☐ Money Ord		regate Contributions	(, , ;)
I and Name	First	100	/ O O
memahon	Linda		WII
Residential Street Address City	- (new	T	State Zip Code
14 Hurlingham Dr	Interwich		CT 06831
Principal Occupation U	Name of Employer		
execusive	memahou	Ventu	ers LCC
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a contributor or business he/she is assigned at more than \$5,000?	candidate for a chief executive offi sociated with have a contract with Yes	cer of a municipality, said municipality	Amount of Contribution
Is this contribution associated with an Yes event reported in Section L1? Is contributor a principal of a state of the section L1?	contractor or prospective state con		
If yes, list Event # of government the contract is v Method of Contribution:	vith: Executive 1	☐ No Legislative	
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Sou	500
SUBTOT	AL Section B — This Pag	e 70	
TOTAL of	additional Section B Page		
TOTAL OF ALL CONTRIBUTIONS FROM IN (Enter total on Line 13, Co	DIVIDUALS (Sections A + E olumn A of Summary Page Total.	s)	

NAME OF COMMITTEE (Provide Complete Name Re-elect Mayor Ken	ne as Registered wit	h Filing Reposito	iry)		TYPE OF REPORT April 10 filing		
	C1. Co	ontribution	s from Ot	her Comm	ittees 11A		
Name of Committee				Name of Treasu	rer		
	• •		•				•
Address			Is this contrib	ution associated	d with an OYes ONo	Amount of	Contribution
			event reporte	d in Section L1?	of Event #	:	
City	State	Zip Code	Date Receiv	ved .	Aggregate Contributions		
Name of Committee			•	Name of Treasu	rer		
							•
Address			Is this contrib	ution associated	d with an Yes No	Amount of	Contribution
			event reported	d in Section L17 <i>If yes</i> , lis	?		
City	State	Zip Code	Date Receiv		Aggregate Contributions		
Name of Committee				Name of Treasu	rer		
Address						Amount of	Contribution
Audiess			Is this contrib	ution associated d in Section L1?	d with an Yes No	Amount of	Contribution
				<i>If yes</i> , lis	t Event #		
City	State	Zip Code	Date Receiv	red	Aggregate Contributions		
C2. Rein	bursements	or Surply	ıs Distribu	tions from	other Committees /	10	a de la company
Name of Committee				Name of Treasu			
				4			
Address			City			State	Zip Code
							1
Data Received Expenditure #	- T					<u> </u>	
(if applicable)	Payment Type			1 50 (1) (1)		Amount	of Receipt
	OReimbursemer	nt for shared ex	pense OSu	rplus Distributi	on		
Description							
							· · · · · · · · · · · · · · · · · · ·
Name of Committee				Name of Treasu	rer		•
• •							
Address			City	•		State	Zip Code
Date Received Expenditure #	Payment Type					Amount	of Receipt
(if applicable)	Reimbursen	nent for shared	expense	Surplus Distribu	ution	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Description				-			¥*
Description							
						<u> </u>	
		SUBTO	ΓAL Section	n C — This	Page)	· · · · · · · · · · · · · · · · · · ·
	Source Management	TOTAL o	f additional	Section C I	Pages		
TOTAL OF AL (Sections C1	L COMMITT + C2) (Enter to) '	
The second of the second secon			and the second s		A CONTRACTOR OF THE PROPERTY O		

					TYPE OF REPORT		
Re-elect Mayor Ken					April 10 filing		
D	. Loans I	Receive	ed this Period				
Name of Lender		ALC: NO. 18 ACCUSED	Source of Loan:			Date of Receipt	
			OBank O Candida	te 🔘 Individual	Other Committee		
Street Address	City			State	Zip Code	Is there a Cosigner or Guarantor of this loan?	
Name of Cosigner/Guarantor (if applicable)	<u></u>		-			Yes No	
Name of Cosigner Guaranior (y uppricuse)						Amount Received	
Street Address	City			State	Zip Code		
SHOOL PAGE 255	City				Zip Code		
N. A. I		-		·			
Name of Lender			Source of Loan: Bank Candida	te 🔘 Individual	Other Committee	Date of Receipt	
Street Address	City			State	Zip Code	Is there a Cosigner or	
						Guarantor of this loan? Yes No	
Name of Cosigner/Guarantor (if applicable)			,			Amount Received	
				•		THINGING ALOUS.	
Street Address	City			State	Zip Code		
Name of Lender			Source of Loan:			Date of Receipt	
			OBank O Candida	te 🔘 Individual		Dute of Accoupt	
Street Address	City	1	·	State	Committee Zip Code	Is there a Cosigner or	
						Guarantor of this loan? O Yes O No	
Name of Cosigner/Guarantor (if applicable)						Amount Received	
Street Address	City			State	Zip Code		
		ter fr	TOTAL SECTION	ND			
	W. C.						
E. Receipts from Entities other tha	ın Individ	duals o	r Other Commit	tees (Referen	dum Committe	es ONLY)	
Name of Entity				AND THE U.S. AND THE PARTY OF T			
Street Address			[:	Date Received		Amount Received	
		•	1 4 4 1				
City	S	State	Zip Code	Aggregate Contribu	itions		
Name of Entity							
						·	
Street Address				Date Received		Amount Received	
City	S	State	Zip Code	Aggregate Contribu	itions		
Name of Entity							
Street Address				Date Received		Amount Received	
City		State	Zip Code	Aggregate Contribu	itions		
	TO STANKE	200 March 1970					
			TOTAL SECTION	NE		\mathcal{C}	

NAME OF COMMITTE	E (Provide Complete Name as Registere	ed with Filing Repository)	TYPE C	F REPORT
Re-elect Mayor Ken		April 1	0 filing	
range of the F	. Amount Transferred f	rom Affiliated Busines	s Treasury (Business Entity	Committees ONLY)
Date of Receipt	Is this transaction associat event reported in Section I		, list Event #	Amount
Date of Receipt	Is this transaction associate event reported in Section I		, list Event #	Amount
Date of Receipt	Is this transaction associate event reported in Section I	100 1/100	, list Event #	Amount
Date of Receipt	Is this transaction associate event reported in Section I	2 1 CO 27 YCG	, list Event #	Amount
			TOTAL SECTION F	0
G. Amount Ti	ransferred from Affiliate	d Labor Union or Oth	er Organization Treasur	y (Organization Committees ONLY)
Date of Receipt	D	ate of Receipt	Date of Rec	eipt
	mount	Amount		Amount
		To	OTAL SECTION G	0
	H. Personal Funds of th	ne Candidate Received	this Period (Candidate Con	nmittees ONLY)
Date of Receipt	Method of payment:			Amount
	○ Cash	Personal Check	Credit/Debit Card	
Date of Receipt	Method of payment:	Personal Check	Credit/Debit Card	Amount
Date of Receipt	Method of payment:			Amount
	Cash	Personal Check	Credit/Debit Card	
Date of Receipt	Method of payment:			Amount
	O Cash	Personal Check	Credit/Debit Card	
			TOTAL SECTION H	
		I. Anonymous Cor	ntributions	
•	Per Public Act 11-48, A	Anonymous Contribut	ions may no longer be d	eposited in any

amount. If a committee receives an anonymous contribution, the campaign treasurer shall immediately remit the contribution to the State Elections Enforcement Commission for deposit in the General Fund.

-NAME OF COMMITTEE (Provide Complete Name as Registered with F	iling Repository)	TYPE O	F REPORT	
Re-elect Mayor Ken	April 10) filing		
J. Interest fi	om Deposits in Authorized Accoun	nts		
Name of Institution		Date Rec	eived	Amount
		ļ.		
Street Address	City	State	Zip Code	
Name of Institution		Date Rec	eived	Amount
Street Address	City	State	Zip Code	
	TOTAL SECTIO	NJ		\mathcal{O}
K. Miscellaneous Mo	netary Receipts not Considered Co	ontribu	tions	
Name			e of Transaction	Amount Received
Street Address	City	State	Zip Code	
Description				
		• •		
Name		Dat	e of Transaction	Amount Received
		<u> </u>		
Street Address	City	State	Zip Code	
Description				
Name		Dat	e of Transaction	Amount Received
	• · · · · · · · · · · · · · · · · · · ·			
Street Address	City	State	Zip Code	
Description		1:		
Name		Dat	e of Transaction	Amount Received
	T a.	State	Tin Code	
Street Address	City	State	Zip Code	
Description	<u> </u>			
	TOTAL SECTION K			\bigcirc
SUMMARY OF OTHER	MONETARY RECEIPTS (Section	ns D th	rough K)	
Total Loans Received this Period (Section D)				0
Total Receipts from Entities other than Individuals or Otl	+,,,		6	
Total Amount Transferred from Affiliated Business Treas	+		0	
Total Amount Transferred from Affiliated Labor Union o	+ (2)			
			0	
Total Amount of Personal Funds of the Candidate Receiv	ed this Period (Section H)	+		<u>ر</u>
Total Amount of Interest from Deposits in Authorized Ac	counts (Section J)	+		0
Total Miscellaneous Monetary Receipts not Considered C	Contributions (Section K)	+		0
	Total of Other Monetary	Receir	ots	
(Add Sections D through	K) (Enter total on Line 15, Column A of Summar			\circ

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) Re-elect Mayor Ken		TYPE OF REPORT April 10 filing		
35 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	t Information	[April 10 lilling		
Event # Date of Event Letter Description		Was	s this a fin	ndraising event
The state of the s		, vv a.	Yes	ONo
Location: Street Address	City		State	Zip Code
Location: Street Address Nochie's Restant 164 Central	Boistel		cr	06010
Subpart 1: (All Committees) Was this event hosted at a personal residence?	purchases made by host	ise Party and complete requit(s) for food, beverage and in	uired infor vitations.)	mation for any
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?	Yes (<i>If yes</i> , go to Section L4 and complete required in No		onsidered (Contributions
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?	OYes (If yes, enter Total Reco	eipts here.)		
Subpart 2: (Party Committees, Municipal Candidates and Political Comm Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?	Yes (If yes, go to Section L3	Committees) Purchases of Advertising selete required information.		Program Book
Subpart 3: (Town Committees ONLY) Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?	OYes (If yes, enter Total Reco	eipts here.)		
Event # Description				Proceedings of the
Date of Event Letter O61315 A BB		Was	this a fun	draising event? No
Location: Street Address	City		State	Zip Code
19 Winster Court	Bnistal		CT	06010
Subpart 1: (All Committees) Was this event hosted at a personal residence?	(If yes, go to Section L5 Associated with a Hous purchases made by host	In-Kind Donations not Cose Party and complete requires (s) for food, beverage and in	ired inform	Contributions mation for any
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?	Yes (<i>If yes</i> , go to Section L4 and complete required in No		nsidered (Contributions
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?	Yes (If yes, enter Total Rece	eipts here.)		
Subpart 2: (Party Committees, Municipal Candidates and Political Comm Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?	Yes (If yes, go to Section L3	Committees) Purchases of Advertising S lete required information.)		Program Book
Subpart 3: (Town Committees ONLY) Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?	OYes (If yes, enter Total Recei	ipts here.)		
SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts from	om Sale of Donated Items — T	This Page	0	
	ion L1—Subpart 3 <i>(Town Committ.</i> ipts from Food Purchases — T		$\overline{}$	
	TOTAL of additional Section	Li Pages)	
	IPTS FROM SMALL PUR Line 16a, Column A of Summary		7	

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize small individual purchases from a committee tag sale, auction, or a sale of donated items. Section L2. removed

NAME OF COMMITTEE	(Provide Complete Name as Register	ed with Filing Reposito	ory)	TYPE OF REP	ORT		
Re-elect Mayor Ken April 10 f					ing		
	L3. Purchases	s of Advertisin	ng in a Prograi	m Book or on a Sign			
Name of Purchaser				.	Purcha	se Made By:	
		•			OBu	usiness Entity	Other
					1 =	dividual/Sole F	Proprietorship
Street Address		•	City		1	State	Zip Code
	77		6 4115	(n)		1	
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purcl	1ase	Amount of Si	gn Purchase
Name of Purchaser					Purcha	se Made By:	
					OBI	siness Entity	Other
	•		•		O Inc	dividual/Sole P	roprietorship
Street Address			City			State	Zip Code
		100 miles					
·		_					l
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purch	ase	Amount of Sig	gn Purchase
		*					
Name of Purchaser			<u> </u>		Purcha	se Made By:	
· ·		* * * * * * * * * * * * * * * * * * * *			() Bu	isiness Entity	Other
					1 =	dividual/Sole P	
Street Address			City		1 -	State	Zip Code
						*	
						<u> </u>	<u> </u>
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purcl	iase	Amount of Si	gn Purchase
					.		
Name of Purchaser		l			Purcha	se Made By:	······································
						siness Entity	Other
					1 =	dividual/Sole P	•
Street Address			City	·	10	State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purch	iase	Amount of Sig	gn Purchase
							•
Name of Purchaser		<u> </u>			Purcha	se Made By:	•
Traine of Furchaser					_	siness Entity	Other
					_	dividual/Sole P	
Street Address			City			State	Zip Code
5450111441455						June	
*				-			
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purch	ase	Amount of Sig	gn Purchase
						•	
	SUBTOTAL Section L3 To	otal Purchases of	Advertising in Pr	ogram Book — This Page		0	
	SUBTOTAL Section	on L3 Total Purc	hases of Advertis	ing on a Sign — This Page		0	
			TOTAL of ac	dditional Section L3 Pages		0	
TOTAL	OF ALL PURCHASES O			AM BOOK or ON A SIGN A of Summary Page Totals)		0	

NAME OF COMMITTE	EE (Provide Complete Name as Register	red with Filing Repository)		New York and Street	TYPE OF REPORT	Γ	
Re-elect Mayor Ken		t.			April 10 filing		
	L4. In-K	Kind Donations N	ot Conside	red Contribu	tions		
Name of Donor							
Street Address			City			State	Zip Code
Donation Given By:	Tri-mintion of Danation		<u> </u>			<u> </u>	
Business Entity	Description of Donation		•			Fair Market \	Value of Donation
O Individual O Sole Proprietorship	Date Received	Event #		Aggregate Value for	this Event		
Name of Donor		<u></u>	•				•
Street Address		· · ·	City			State	Zip Code
Donation Given By: Business Entity	Description of Donation					Fair Market V	Value of Donation
OIndividual OSole Proprietorship	Date Received	Event#		Aggregate Value for	this Event		
Name of Donor	<u></u>			-			
Street Address		<u></u>	City	· .		State	Zip Code
Donation Given By: Business Entity	Description of Donation				-	Fair Market V	alue of Donation
O Individual O Sole Proprietorship	Date Received	Event#		Aggregate Value for	this Event		
Name of Donor							
Street Address			City			State	Zip Code
Donation Given By: Business Entity	Description of Donation					Fair Market V	alue of Donation
Individual Sole Proprietorship	Date Received	Event #		Aggregate value for	this Event		
		SUBTO	TAL Section	L4—This Page		0	
		TOTAL	of additional	Section L4 Pages		0	
ТОТ	AL OF ALL IN-KIND DONA (Enter	ATIONS NOT CONS total on Line 21, Colu				0	

NAME OF COMMITTEE (Pro	vide Complete Name as Registered with Filing Reposit	tory)			TYPE OF RE	PORT	
Re-elect Mayor Ken					April 10 fili	ng	
L5. I	n-Kind Donations Not Considere	ed (Contributions Associa	ted with a	House Par	ty	
Name of Host				Is this event committee?		ore than o	ne candidate or
Street Address			City	· .		State	Zip Code
Description of Donation					Fair Mar	ket Value	of Donation
Event #	Aggregate Value of this Event—all hosts	Aş	ggregate Value of all Events—this he	ost/candidate			
Name of Host				committee?	Supporting mo OYes ON omplete Itemiza	0	ne candidate or
Street Address			City	1	**************************************	State	Zip Code
Description of Donation					Fair Mar	ket Value	of Donation
Event #	Aggregate Value of this Event—all hosts	Ag	ggregate Value of all Events—this ho	ost/candidate			
Name of Host				committee?)	ne candidate or
Street Address			City		*	State	Zip Code
				•			
Description of Donation					Fair Mar	ket Value o	of Donation
Event#	Aggregate Value of this Event—all hosts	Ag	ggregate Value of all Events—this ho	ost/candidate			
Name of Host				committee?	supporting mo OYes ONo mplete Itemiza)	ne candidate or
Street Address			City			State	Zip Code
Description of Donation					Fair Mar	ket Value o	of Donation
Event#	Aggregate Value of this Event—all hosts	Ag	ggregate Value of all Events—this ho	ost/candidate		•	
	S	UB	3TOTAL Section L5 — 7	This Page		<u>)</u> ,	
	то)TA	AL of additional Section	L5 Pages	-	0	
TOTAL OF ASSOCIATED WITH A	ALL IN-KIND DONATIONS NOT HOUSE PARTY (Enter total on Lin		ONSIDERED CONTRI 22, Column A of Summary I			0	
						•	

III. NONMONETARY RECEIPTS (Sections M—O)

Re-elect Mayor Ken M. In-Kind Contributions Name Street Address City State Zip Code Type of contributor: Ocommittee OIndividual / Sole Proprietorship Oother Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contract or prospective state contractor? Is contributor a principal of a state contract or prospective state contractor? Is contribution associated with an event reported in Section L1? If yes, indicate which branch or branches of government the contract is with: Executive Legislative	
Street Address City State Zip Code Type of contributor: Committee Individual / Sole Proprietorship Oother Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Is this contribution associated with an event reported in Section L1? If contributor a principal of a state contractor or prospective state contractor? Yes event reported in Section L1? If yes, list Event # State Zip Code Aggregate Contributions Description of In-Kind Contribution Description of In-Kind Contribution Description of In-Kind Contribution Description of In-Kind Contribution Types of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No Is contributor a principal of a state contractor or prospective state contractor? Yes event reported in Section L1? If yes, indicate which branch or branches of government the contract is with: Executive Legislative	
Type of contributor:	
Type of contributor:	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contribution associated with an event reported in Section L1? If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Fair Market Valued at more than \$5,000? Is contribution associated with an event reported in Section L1? If yes, indicate which branch or branches of government the contract is with: Executive Legislative	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Is this contribution associated with an event reported in Section L1? If yes, list Event # If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality of this Contribution of this Contrib	
does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Is this contribution associated with an event reported in Section L1? If yes, list Event # Odes contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Fair Market Value of this Contribution associated with an event reported in Section L1? If yes, list Event # Description: Executive Description: The provided in Section L1 is contributor a principal of a state contractor or prospective state contractor? One of this Contributor is contributor as principal of a state contractor or prospective state contractor? One of this Contributor is contributor in this contributor in this contributor in this contributor is contributor in this contributor in this contributor is contributor in this con	
event reported in Section L1? No If yes, indicate which branch or branches of government the contract is with: Executive Degislative	
Name	
Street Address City State Zip Code	
Type of contributor: Committee Date Received Aggregate Contributions Description of In-Kind Contribution	
Individual / Sole Proprietorship Other	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality of this Contribution of this Contributi	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? If yes, list Event # Executive OLegislative	
Name	
Street Address City State Zip Code	
Type of contributor: Committee Date Received Aggregate Contributions Description of In-Kind Contribution	
O Individual / Sole Proprietorship Other	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes or dependent child of a lobbyist? Yes over dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No	
Is this contribution associated with an event reported listed in Section L1? If yes, list Event # Yes Is contributor a principal of a state contractor or prospective state contractor? Yes If yes, indicate which branch or branches Yes If yes, indicate which branch or branches Yes Is contributor a principal of a state contractor or prospective state contractor? Yes Is contributor a principal of a state contractor or prospective state contractor? Yes Is contributor a principal of a state contractor or prospective state contractor? Yes Is contributor a principal of a state contractor or prospective state contractor? Yes Is contributor a principal of a state contractor or prospective state contractor? Yes Is contributor a principal of a state contractor or prospective state contractor? Yes Is contributor a principal of a state contractor or prospective state contractor? Yes Is contributor a principal of a state contractor or prospective state contractor? Yes Is contributor a principal of a state contractor or prospective state contractor? Yes Is contributor a principal of a state contractor or prospective state contractor? Yes Is contributor a principal of a state contractor or prospective state contractor? Yes Is contributor a principal of a state contractor or prospective state contractor? Yes Is contributor a principal of a state contractor or prospective state contractor? Yes Is contributor a principal of a state contractor or prospective state contractor? Yes Is contributor a principal of a state contractor or prospective state contractor? Yes	
SUBTOTAL Section M — This Page	-
TOTAL of additional Section M Pages	
TOTAL OF ALL IN-KIND CONTRIBUTIONS (Enter total on Line 23, Column A of Summary Page Totals)	
N. Refundable Deposit to Telephone Company	
Last Name of Individual First MI Date Deposit Made	Billiotos
Residential Street Address City State Zip Code Amount of	•
Deposit Amount of	
Name of Telephone Company	
	. :
Street Address City State Zip Code	
TOTAL SECTION N (Enter total on Line 24, Column A of Summary Page Totals)	

SEEC FORM 20 Revised January 2015

IV. EXPENDITURES (Sections P—T)

Page 13 of 17

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT				
Re-elect Mayor Ken April 10 filing			* .			
P. Expenses Paid by Committee						
Name of Payee		Date of Payment	Method of Payment:			
/1	2 R 1	1/12/1	(Check # 166 +			
Street Address	1 Bank Icity	1/13/13	O Debit Card OEFT State Zip Code			
Succe Address						
4 Riv	erside Ave Bristel		CT 06010			
Purpose of Expenditure (by code)	Description Event	#	Amount			
BNK	deposit stamp					
Expenditure #	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked	ed)				
(if applicable)	None of the below					
	Coordinated with reimbursement sought (joint expenditure) Independent	W 0 2 0 2 0 2	41.47			
Name of Payee	Organization	A O B O C O D Date of Payment	Method of Payment:			
		111-	O-Check #clos. +			
Street Address) Bank City	1/22/2015	O Debit Card O EFT			
Succe Address	City		State Zip Code			
United Street Address 4 River	side Ave Baistel	· · · · · · · · · · · · · · · · · · ·	CT 06010			
Purpose of Expenditure (by code)	Description Event	#	Amount			
BNK	ORde-checks					
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checke	d)				
(y applications)	None of the below		1.			
	Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization	A OB OC OD	37.19			
Name of Payee	Origanization Constitution Cons	Date of Payment	Method of Payment:			
1100	2 + 1-2	2/20/15	Check # / 0/			
Street Address	Postmaster City	× /20/15	Debit Card DEFT State Zip Code			
1311/	Main St Baistel Description Event		CT 06010			
(by code)	Description Event	#	Amount			
Post						
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is check	ed)				
(i) approacts	None of the below					
	Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution))AOBOCO D	1 49 -			
Name of Payee	O organization	Date of Payment	Method of Payment:			
	12	3/2/1 -	9-Check # 102			
Street Address	Romotions Inc	1/2/2015	Debit Card DEFT			
2 -	City		State Zip Code			
FOR	ex 231 Glenside		PA 19035			
Purpose of Expenditure (by code)	Description Event	#	Amount			
A-OTH						
Expenditure #	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked	ed)				
(if applicable)	None of the below	•				
a a sa	Coordinated with reimbursement sought (joint expenditure) Independent		308			
		A OB OC OD				
	SUBTOTAL Section P — This	Page 4/3	5.66			
	TOTAL of additional Section P F	ages 130	5.66			
	TOTAL OF ALL EXPENSES PAID BY COMMIT	TEE 50	2.28			
	(Enter total on Line 19, Column A of Summary Page		グ・メる			

Per Public Act 11-48, eī ecθ/e January 1, 2012 commiΣees are no longer required to tremize receipt of organizaθon expenditures from Legislaθve Leadership, Legislaθve Caucus or Party CommiΣees. Secθon O removed.

SEEC FORM 20 IV. EXPENDITURES (Sections P-T) NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT P. Expenses Paid by Committee Method of Payment: /J/Check #<u>/03</u> ☐ Debit Card ☐ EFT 06010 Amount Expenditure# Type of Expenditure (I temization in Addendum P Required unless "None of the below" is checked) None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization: OA OB OC OD Name of Payee 104 Check # 104 hinteenth Flour Graphics + Printing ☐ Debit Card ☐ EFT Baistal 06010 Event # 06 1315 A Amount 04/3015-A Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below ☐ Coordinated with reimbursement sought (joint expenditure) □ Independent 101.53 Coordinated without reimbursement sought (in-kind contribution) ☐ Organization: o A o B o C o D Name of Payee Date of Payment Method of Payment: ☐ Check # □ Debit Card ☐ EFT Street Address City State Zip Code Purpose of Expenditure Description Event # Amount (by code) Expenditure# Type of Expenditure (I temization in Addendum P Required unless "None of the below" is checked) (if applicable) ☐ None of the below $\hfill \Box$ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization: o A o B o C Name of Payee Date of Payment Method of Payment: ☐ Check # ☐ Debit Card ☐ EFT Street Address City Zip Code Purpose of Expenditure Description Event# Amount (by code) Expenditure# Type of Expenditure (I ternization in Addendum P Required unless "None of the below" is checked) (if applicable) ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent Coordinated without reimbursement sought (in-kind contribution) ☐ Organization: o A o B o C o D SUBTOTAL Section P - This Page 136.62 TOTAL of additional Section P Pages TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)

				SECTION OF THE SECTION			
				TYPE OF REPORT April 10 filing			
Re-elect Mayor Ker				nii 10 ming		Manager Control	
		enses Paid by Cand	Section 100 and 100	The Control of the Co			
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly) Date of Payment			of Payment	Is reimbursement claimed?			
					O .	Yes No	
Street Address		City			State	Zip Code	
Purpose of Expenditure Description Event #						<u> </u> Amount	
(by code)							
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly)		Date	of Payment	Is reimb	ursement claimed?	
			-			Yes 🔘 No	
Street Address		City			State	Zip Code	
	Transfer		Event #			 Amount	
Purpose of Expenditure (by code)	Description		Event#	*		Amount	
			·			•	
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly)	· .	Date	of Payment	Is reimb	oursement claimed?	
			-		0	Yes 🔘 No	
Street Address		City			State	Zip Code	
Purpose of Expenditure (by code)	Description		Event #			Amount	
(-,)							
Name of Payee (Name of V	l endor, Person or Entity who candidate paid directly)		Date	of Payment	Is reimb	ursement claimed?	
			.		Yes No		
Street Address		T.C.		* ;			
Silect Address		City			State	Zip Code	
•		•		* .		•	
Purpose of Expenditure	Description		Event #			Amount	
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Name of Pavee (Name of V	l endor, Person or Entity who candidate paid directly)		Date	of Payment	Is reimb	ursement claimed?	
rame of a ayes (rame by r	ciaci, reison or ziany irro caminate pina uncerty)			or raymon.	Is reimbursement claimed?		
					O 2	7	
Street Address		City			State	Zip Code	
Purpose of Expenditure	Description		Event #		· · · · · · · · · · · · · · · · · · ·	Amount	
(by code)							
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly)		Date	of Payment	Is reimb	ursement claimed?	
•		•			O 2	Yes No	
Street Address		City			State	Zip Code	
Purpose of Expenditure	Description		Event #			Amount	
(by code)							
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		SUBTOTAL Section Q -	– This Pao	e			
		A PART OF THE PART	, and the same		\mathcal{O}		
	TC	OTAL of additional Section	on Q Pages				
		Anna Santana Anna Anna Anna Anna					
Calaba entreparent	TOTAL OF ALL EXI						
	(Enter total on Lii	ne 26, Column A of Summar	y Page Total	s)			

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) Re-elect Mayor Ken TYPE OF REPORT April 10 filling					Process diseases		
R. Expenses Incurred on Committee Credit Card							
Name of Issuing Instit	ution	Type of Credit Card: O Visa Master C	ard Discover America	an Express	Other:		
Name of Vendor, Person or Entity					Date of Transaction		
Street Address		City		State	Zip Code		
Purpose of Expenditure (by code)	Description		Event #		Amount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind co	iture) 🔘 Indepe					
Name of Vendor, Person of	Entity		:	Date of Tra	nsaction		
Street Address		City		State	Zip Code		
Purpose of Expenditure (by code)	Description		Event #		Amount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required None of the below Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind coordinated without reimbursement sought)	iture) 🔘 Indepe					
Name of Vendor, Person of	Entity			Date of Tra	nsaction		
Street Address		City		State	Zip Code		
Purpose of Expenditure (by code)	Description		Event#		Amount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required None of the below Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind coordinated without reimbursement sought)	iture)					
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	TOT	AL of additional Section	R Pages				
ТО	TAL OF ALL EXPENSES INCURRED ON ((Enter total on Line	COMMITTEE CRED e 27, Column A of Summary		9			

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				ТҮРЕ (TYPE OF REPORT			
				April	April 10 filing			
	S. Expenses Incurred by Con	nmittee but	Not Paid	During this	Period			
Name of Creditor					Date Incurred			
Street Address		City			<u> </u>	State	Zip Code	
Purpose of Expenditure (by code)	Description			Event#		1	mount Incurred Stimate or Actual)	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Require None of the below Coordinated with reimbursement sought (joint exper Coordinated without reimbursement sought (in-kind	nditure)	Indep	is checked) endent ization	в Ос Ор			
Name of Creditor					:	Date Incu	ırred	
Street Address		City				State	Zip Code	
Purpose of Expenditure (by code)	Description			Event #			nount Incurred stimate or Actual)	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Require None of the below Coordinated with reimbursement sought (joint expendence) Coordinated without reimbursement sought (in-kind of the coordinated)	nditure)	Indep	is checked) endent ization:	B OC OD			
Name of Creditor		•				Date Incu	rred	
Street Address		City				State	Zip Code	
Purpose of Expenditure (by code)	Description		-	Event #	· · · · · · · · · · · · · · · · · · ·		nount Incurred stimate or Actual)	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Require None of the below Coordinated with reimbursement sought (joint expertion) Coordinated without reimbursement sought (in-kind	nditure)	Indep	is checked) endent ization:	B OC OD			
		SUBTOT	AL Section	S-This Page				
		TOTAL of ad	ditional Sec	ction S Pages				
TOTAL OF ALL I	EXPENSES INCURRED BY COMMITTEE DUI (Enter total on	RING THIS PI Line 28, Column						
	Previously reported Ex	kpenses Unpaid	l and still C	Outstanding				
	TOTAL OF ALL EXPENSES INCURRE (Enter total on L	ED BY COMM Line 28a, Column				2	•	

	EE (Provide Complete Name as Registered with Filing Reposito	ny)	622000000000000000000000000000000000000	PE OF RE	ACCURATION OF THE PARTY OF THE		
Re-elect Mayor Ken April 10 filing							
的學術學學學學	T. Itemization of Reim		ndary Pa	yees	Loca	D-461	Payment to Vendor,
Last Name of Worker/Cons	1	First			MI	Person o	
	Serald	000				101	11/2015
	Entity Paid by Committee Worker/Consultant			reported in	Section P:		Worker/Consultant as
Staple	Person or Entity Paid by Committee Worker/Consultant	<u> </u>		Che	ck#/03		bit Card OEFT
		City				State	Zip Code
871	Farmington Ave	Baiste/	1=			C^{γ}	06010
Purpose of Expenditure (by code)	Description		Event #				Amount
OFSice							
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Requin	red unless "None of the below'	' is checked)				•
	None of the below Coordinated with reimbursement sought (joint expe	enditure)	endent) ^		
-	Coordinated without reimbursement sought (in-kind	d contribution) Organ	endent O nization: o A	. о в о	$C \circ D$	35	701
Last Name of Worker/Cons	sultant	First			MI		Payment to Vendor,
				•		CISON O	Linkly
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant					Committee \	Worker/Consultant as
				reported in	n Section P: ck #	_ () De	bit Card OEFT
Street Address of Vendor, I	Person or Entity Paid by Committee Worker/Consultant	City		1 -		State	Zip Code
. '		,					
Purpose of Expenditure	Description		Event #				Amount
(by code)			-				•
Expenditure #	Type of Expenditure (Itemization in Addendum T Requir	red unless "None of the below"	is checked)		4		
(if applicable)	None of the below			_			*
	Coordinated with reimbursement sought (joint expe	enditure)	oendent O	O C			
Last Name of Worker/Cons	sultant	First	The state of the s	ОВ	мі		Payment to Vendor,
						Person o	r Entity
Name of Vendor Person or	Entity Paid by Committee Worker/Consultant			Payment t	o Reimburse	Committee V	Worker/Consultant as
Traine or vendor, response	Shirty rate by Committee Worker Constitution		*,	reported in	n Section P:	_	_
Street Address of Vendor	Person or Entity Paid by Committee Worker/Consultant	City	i	Chec	CK #	_ De	bit Card EFT Zip Code
Substitutions of volume,	. Store of Zang 1 and of Committee (10 and 10 and 1						
Purpose of Expenditure	Description	· _ L	Event #			l	<u> </u>
(by code)	Description						Amount
Expenditure #							
(if applicable)	Type of Expenditure (Itemization in Addendum T Requir	red unless "None of the below"	is checked)				
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	Coordinated without reimbursement sought (in-kind		nization: OA	о в с	COD		
		SUBTOTAL Section T	— This Pa	ge	2.		2
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			9. 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
TOTAL OF ALL	REIMBURSEMENT TO COMMITTEE	WORKERS AND CON	SULTAN	TS	3	5.0	\mathcal{G}
-							/
1							